

INCOME AND EXPENSE SURVEY

**COUNTY OF STAFFORD
REASSESSMENT OFFICE
540-658-4132**



P.U.C. Parcel ID # L.R.S.N. #

**Return the completed form to:
Reassessment Office
P.O. Box 98
Stafford, Virginia 22555-0098**

October 19, 2017

Re: Property Address

Dear Property Owner:

Biennially this office requests owners of income producing properties to furnish their income and expense characteristics. This official request requires you to furnish this office with income and expense data for income producing properties, when requested pursuant to the state law §58.1-3294 of the Code of Virginia. Be assured the information you submit to our office will be held in the strictest confidence, in accordance with §58.1-3 of the Code of Virginia, which protects the confidentiality. Please complete this survey and return it to our office, or postmarked by the U.S. Postal Service, no later than 30 days from the date shown above. This information will assist us in our statutory duty of assessing real property in Stafford County.

The failure of the owner of income-producing property to furnish a statement of income and expenses as requested may bar such owner from introducing the same information into evidence, or using it in any other manner at a future date per §58.1-3294.

If this property is owner-occupied, please complete as much of the survey as possible, in particular the expense data.

If you have any questions or need assistance completing the survey, please call (540) 658-4132 option 2 Monday through Friday (except holidays) between the hours of 8:30 AM and 4:30 PM.

A handwritten signature in black ink that reads "Bart Stevenson". The signature is written in a cursive, flowing style.

Bart Stevenson

County Assessor

Use additional copies if necessary. Rent Roll may be submitted in lieu of Tenant Inventory

Property Address

TENANT INVENTORY

[illegible]

ANNUAL INCOME DATA	YEAR 2013	YEAR 2014
Apartment Rents	_____	_____
Office Rents	_____	_____
Retail Rents	_____	_____
Industrial/Warehouse/Garage Rents	_____	_____
Room Rents (Hotels, Boarding Houses)	_____	_____
Other Income (Laundry, etc)	_____	_____
Parking Rents	_____	_____
Loss due to Vacancy & Bad debt	_____	_____
CAM/Expense Reimbursements	_____	_____
TOTAL ANNUAL INCOME	_____	_____

ANNUAL EXPENSES (List only those that you pay)

Management	_____	_____
Leasing fees/Commissions/Advertising	_____	_____
Legal/Accounting	_____	_____
Heat/Air Conditioning	_____	_____
Electricity	_____	_____
Other Utilities	_____	_____
Payroll (except mgmt)	_____	_____
Supplies (Janitorial, etc)	_____	_____
Maintenance & Repairs	_____	_____
Common Area Maintenance	_____	_____
Elevator Maintenance	_____	_____
Snow/Trash Removal	_____	_____
Other (Specify _____)	_____	_____
Fire/Liability Insurance	_____	_____
Reserves for Replacement	_____	_____
Security	_____	_____
TOTAL ANNUAL EXPENSES	_____	_____

NET OPERATING INCOME (INCOME MINUS EXPENSES)	_____	_____
Real Estate Taxes	_____	_____
Mortgage payments (principle & interest)	_____	_____

RESIDENTIAL RENT SCHEDULE:

OWNER OCCUPIED? Yes____ No____ Are any of the apartments rented by family members? Yes ____No____ How many?____

TOTAL NUMBER OF UNITS _____ **HOW MANY: STUDIO APTS** _____ **# OF BATHROOMS:**_____

1 BEDROOM APTS _____ 2 BEDROOM APTS _____ 3 BEDROOM APTS _____ 4 BEDROOM APTS _____

Number of Elevators? _____ How many spaces off street parking? _____ Does landlord pay heat? Yes ____ No ____

Do you have a basement? Yes _____ No _____ Is there living area in the basement? If yes, what percent? _____ %

Is there living area in the attic? Yes ____ No ____ If yes, what percent? _____ % Central Air Cond? Yes ____ No ____

LEASES? Yes ____ No ____ LENGTH OF LEASE _____ YEAR/S TENANT AT WILL ? Yes ____ No ____

Any Vacancies? _____ If so, length of vacancy? _____ Reason for vacancies? _____

COMMERCIAL RENT SCHEDULE:

Is any of this property OWNER OCCUPIED, if so, what percentage? _____ %

PRIMARY USE OF PROPERTY: _____

How many square feet of Retail? _____ Office space? _____ Industrial? _____ Manufacturing? _____

Storage? _____ Garage? _____ Service Shop? _____ Auto Repair? _____ Hotel Rooms? _____

TYPE OF LEASE? GROSS ____ **NET** ____ **NET NET** ____ **TRIPLE NET** ____ **TENANT AT WILL** ____

Number of Elevators? _____ How many off street parking spaces? _____ Central Air Cond? Yes ____ No ____

Any vacancies? _____ If so,length of vacancy? _____ Reason for vacancies? _____

IF MIXED USE PROPERTY, which floors are Commercial use? _____ Residential Use? _____

VERIFICATION OF PURCHASE PRICE:

PURCHASE PRICE \$ _____ APPRAISED VALUE \$ _____

DATE OF PURCHASE _____ APPRAISAL FIRM _____

DOWN PAYMENT \$ _____ DATE OF LAST APPRAISAL _____

For how much is the property insured? _____

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? YES__ NO__

IF YES, LIST THE ASKING PRICE \$ _____ DATE LISTED _____

BROKER _____

Remarks - Please explain any special circumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.)

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

SIGNATURE _____ NAME (Print) _____ DATE _____

TITLE _____ TELEPHONE _____